FEIGNED INSANITY: AN ENQUIRY INTO THE VALIDITY OF THE REASONS FOR RECENT DIAGNOSES OF THIS KIND.

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IN the present paper I do not propose to express any opinion as to the real mental condition of the individuals subjected to examination, but only intend to discuss the reasons assigned for supposing the individuals to have feigned insanity. The question of feigned insanity is not by any means as simple a one as the author of a recent publication on the subject of medical jurisprudence[1] would lead us to infer. The latter quotes *in extenso* and with approbation the remarks of an "authority," who starts out with the assertion that feigned insanity and moral insanity are convertible terms.[2] It will be obvious that a mind, which can so fail to grasp what is intended by moral insanity as to claim that all criminals who feign insanity feign this type only, is not one which is capable of logical analysis of the elements entering into the problem of feigned insanity. The physician who is called on to analyze a case in which simulation is suspected, and in which medico-legal issues are involved—especially if these last involve life,—should be conscientious about excluding *all* elements

[1] "Medical Jurisprudence," by A. McL. Hamilton, M.D.

[2] "Feigned Insanity," by A. E. Macdonald, M.D., *American Psychological Journal*, 1875.

of error. As an illustration of the points I propose to discuss, I shall cite the reasons assigned by Dr. A. Robertson for considering sane a man examined by him. Dr. Robertson[1] says, in his precognition: "I am of opinion that this prisoner is feigning insanity. The apparent indications of mental disorder shown by him are not consistent with real insanity. Thus at one time of each of the last two interviews he declared he had committed murder and was lying under that charge, and there was no hope for him and that he was eternally lost; while at another time he said that he had £400 in gold, that he expected to inherit from £4,000 to £5,000, and intended going to Callao, in Peru, where he resided some years; there he would purchase an estate, keep a riding-horse, and had no doubt he would get into the best society. At the last interview he asserted that the island of St. Helena belonged to him. These two kinds of apparent insanity are of totally different nature, and not met with in real unsoundness of mind in the same person at the same time. The one implies exaltation, the other depression; states of mind that do not exist together.'"

Now it has been the experience of myself and others, that when paretic dementia is engrafted on other psychoses, the latter leading to delusions of a persecutory type, the very phenomenon which Dr. Robertson declares to be inconsistent with real unsoundness of mind, is presented and the patient will give prominence to his persecutory or exalted delusions, as upon one or the other stress is laid by the examining physician. The paretic dement whose psychosis is complicated by phthisis, will show coincident with suspicional delusions produced by phthisis the exalted delusions of the first psychosis. It is therefore obvious, that from this standpoint Dr. Robertson's reasons for considering the man to be feigning, are decidedly not valid.

[1] *Journal of Mental Science*, April, 1883.

Dr. Robertson also ignores the fact, that upon persecutory delusions the paranoiac (monomaniac), often founds delusions of grandeur. He reasons that because of the imaginary persecutions he must be a king or a great inventor, and he will give prominence to the first at first, as supporting his claim, and latterly, to the grandiose delusions which he believes are thoroughly proven by the citation of the persecutory delusions. Dr. Robertson's statements are therefore too sweeping.

Dr. Robertson further says: "Further, his memory is good with regard to many things, such as remembering the names of places in Peru and Brazil, and the names of several firms by whom, he says, he was employed during this year; yet at both my last interviews with him, which were nearly as long as my first, he declared he had never seen me before, unless it were some months ago, though I tried him both with my hat off and on and referred to incidents of the previous examination. Such correctness of memory in relation to variety of subjects and extraordinary blanks as to others, are not met with in real insanity in his age." It must be evident to the reflecting alienist that there are certain paretic dementia moods when events of the *immediate* past are forgotten, while the facts of the more remote past are remembered, and such being the case, it is obvious that as a test of insanity generally speaking, such a condition of things is valueless, while it may be admitted that there are certain *psychoses* with which such symptoms do not coëxist.

I now pass to a French case and in conclusion, shall point out the cause of these elements of error. Legrand du Saulle * in considering the case of Lemaitre, lays especial stress on the fact, that the latter recognizing the situation in which he had been placed, had decided on the construction of a fictitious insanity. He did not play his rôle well and would deceive no one. Now, Legrand du Saulle in laying special

stress on an attempt at feigning as evidence of sanity, ignores the fact that the insane, feign insanity for a purpose, as witness the following cases:

Ray,[1] in discussing the case of Trimbur, says: "Men who have been much conversant with the insane in hospitals—not meaning those whose knowledge consists in having seen many thousand patients—need not be told that some times, for one purpose or another, they make a show of being more insane than they really are. Many of the insane do certain things as well as they ever did; they plan, contrive, anticipate in furtherance of a special purpose. The criminal classes to which most of these simulators belong know as well as any one else that the plea of insanity is one of the dodges whereby people now escape the punishment of their crimes, and they may not forget to act accordingly when they are insane. Trimbur being unconscious of his real insanity, but with mind enough to understand his situation, and to remember what he had heard about insanity in connection with crime, concluded to make a show of being crazy."

Dr. Hughes[2] has reported the case of a lunatic who committed murder, and feigned to be more insane than he was. He says: "The insane appear at times, when they have an object to accomplish, more crazy than, and different from, what they really are; this is the sense in which we use the term simulation, and this condition is akin to that of feigning by the sane. Simulation, while it presupposes a degree of intelligence, does not require that the patient should be wholly sound in mind."

Dr. John P. Gray[3] cites the case of a man who, two or three days before being admitted, was met in the woods going toward his father's, carrying a gun, and said he was "going to shoot the old man." When admitted, he said "he had been out of his head for quite a while; should think twenty-four hours."

Dr. Workman[4] has observed the case of an insane man who had escaped from his asylum, and killed his wife during an insane fit of jealousy; the man professed to the doctor to be completely amnesic while under trial for murder, denied that he had ever been under the doctor's charge, or that he knew any thing about the asylum. The doctor stated to the jury that the man was both simulating insanity and was insane. The prisoner was acquitted, and sent to the Criminal Lunatic Asylum, at Kingston, Canada. The doctor saw him there two years subsequently. He then fully recognized the doctor, and, in answer to a question, said that "he did not *want* to know the doctor" when previously examined by him. Had he been sane, he would, as Dr. Workman suggests, have known that sufficient proof of his past insanity could have been produced, and he would have abstained from his clumsy simulation, or he would have acted more cleverly.

Dr. Nichols,[5] of Bloomingdale Asylum, New York, has observed the case of a man who committed murder under, as he believed, the command of the Virgin Mary, who appeared to him in the flame of a candle. Two young lawyers were assigned as his counsel; they advised him to feign insanity, which he did, under the form of dementia. The experts, Drs. Nichols and Ranney, detected both the sham and the real insanity, and had him sent to an asylum, where his insanity became unmistakable.

Morandon de Monteyel[6] reports the case of a woman charged with murder who feigned insanity to escape the consequences.

Spitzka[7] states that Dubourque, the Fourteenth-street New York woman-stabber, feigned forgetfulness of his crime.

The following cases recently occurred in Chicago[8]:

J. P., a hebephreniac, who had been imprisoned for disorderly conduct, was quiet and seemingly harmless. He was sent back

to the Bridewell to await trial for insanity, the law of the State requiring all the insane to be tried before committal to an hospital for the insane. He was placed in the same cell with C., who, when put in the cell, was drunk and ugly. The crowded condition of the Bridewell required two men to sleep in a bed, two feet wide and eight feet long. C.'s condition naturally inspired him with a notion that he was entitled to most of the bed. The result was a quarrel, in which P. was too weak to take an active part (C. was a burly fellow, six feet high); so he nourished his resentment until his bedfellow was asleep, and then sated his spite with the other's blood. One of C.'s legs was cut off, some years ago in a railroad accident. He wore instead a wooden stump, heavily shod at the bottom with iron, and attached to a sort of splint, which ran up to the thigh. This splint made a convenient handle for the murderer. P. had arisen stealthily in the night, and with the wooden leg's iron end struck C. on the head, which produced unconsciousness. Following this up, he made the murder a work of barbarous mutilation. When L., a deputy-turnkey, at six o'clock in the morning, came to the cell occupied by P. and C., he encountered P. in the door, who told him that there was no occasion for inspecting the cell, as every thing was all right. At this show of insubordination, L. dragged P. into the corridor, and found C. lying dead on the bed. The skull was battered open. The stump had recently been cleaned off with a rag In a bucket were hidden blood-soiled bed-clothes. P., to all questions as to his motive for the killing, he replied at first with mere looks, utterly vacuous and demented. Subsequently he denied that he had killed any one, or that he had even seen a dead man. As to the blood which disfigured his hands and face, he said that his nose had bled during the night. The story of the bleeding nose and the unwillingness to talk were evidence that the boy had at least a partial conception of the enormity of his crime and of the expediency of feigning insanity. That he was insane and feigning insanity was clearly evident to even the newspaper reporters and to the jury who subsequently tried and found him insane.

Dr. J. H. McBride[8] has recently reported the case of a paranoiac (primary monomaniac) who committed a murderous assault, on her trial pleaded insanity of an hallucinatory type, and suggested questions to her lawyers to put to the experts.

From these cases it is obvious that simulation does not show, as has been claimed by A. E. Macdonald, C. F. Macdonald, Allan Mc L. Hamilton, and as Legrand du Saulle seems inclined to claim, that the person feigning is sane.

From the errors shown to exist in Dr. Robertson's reasons, and from the error just alluded to, of Legrand du Saulle, it is clear that no case should be investigated from an *a priori* standpoint, but that each case should be investigated on its merits. The question should be not as much to determine if the prisoner be insane as to ascertain the psychosis from which he appears to be suffering. If his symptoms and history do not agree with such psychosis, it may be assumed that the individual examined is feigning. Neither premeditation nor business ability, nor literary skill, nor the power of logical analysis, constitute evidence of sanity. Each of these might be the clearest evidence that a certain psychosis did not exist, while at the same time such powers would be perfectly compatible with other psychoses. In dealing with the question of alleged insanity, the expert should say to himself: "The person examined tries to convey the idea that he is suffering from a particular form of insanity. That type of insanity does not present such symptoms, and the insanity is, therefore, feigned, and there is no evidence showing that any other type of insanity exists." The reasons for exclusion of the different types should be given at length; there would not then be so much seeming disagreement. Unless an expert clearly defines his position, the leading ideas of that position only are grasped by the lawyer, and these are placed in seeming contradiction to the opinions of authorities with which they would not, even in appearance, conflict were they clear outlined.

* *Annales. Medico-Psych.*, July, 1883.

1. *American Journal of Insanity*, October, 1874.
2. *Alienist and Neurologist*, July, 1883.
3. JOURNAL OF NERVOUS AND MENTAL DISEASE, April, 1882.
4. *Alienist and Neurologist*, July, 1883.
5. *American Journal of Neurology and Psychiatry*, 1882.
6. *L Encéphale*, No. 1, 1882.
7. "Insanity: Its Classification, Diagnosis, and Treatment."
8. *American Journal of Neurology and Psychiatry*, August, 1883.
9. *Alienist and Neurologist*, October, 1883.